

**LEADERSHIP AND SERVICE LEARNING**  
Assessment Review/ Registration Form for Previously Trained Teachers  
June 16, 2010  
Spring Hill High School  
Hope, AR

**Registration Fee \$125**  
**Deadline for Registration May 28, 2010. No Refunds after this date.**  
**Maximum number of participants is 30.**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Home Telephone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**Teacher:**

I understand that this in-service includes information on the End-of-Course Assessment for Leadership and Service Learning. An instructional improvement plan will be developed for framework objectives for which proficiency was not achieved.

\_\_\_\_\_  
Teacher Signature Date

**Superintendent:**

I agree to support this course as an offering in the Family and Consumer Sciences Department and will allow the FACS teacher to attend this in-service.

\_\_\_\_\_  
Superintendent Signature Date

**Deadline for Registration May 28, 2010 (Postmarked)**

There will be no refunds after this date.

To complete the registration, you must mail this form along with a check or purchase order for \$125 to the FACS State Office. Registration does not cover lodging. If you have any questions please call 501-682-1115

Method of Payment: ☐ Enclosed School Check # \_\_\_\_\_ ☐ Enclosed Personal Check # \_\_\_\_\_  
☐ Purchase Order # \_\_\_\_\_ Name of Organization \_\_\_\_\_

Make Checks or Purchase Orders **PAYABLE TO:** **AATFACS / FACS Inservice**  
**MAILED TO:** Suellen Ward, FACS Program Manager  
#3 Capitol Mall Room 600  
Luther S. Hardin Building  
Little Rock, AR 72201

Registration forms with PO# may be **FAXED TO:** 501-682-9440